

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

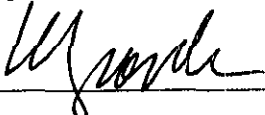
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>10445</b>	2. Fiscal Year Covered From: <b>1/1/04</b> Through: <b>12/31/04</b>
3. Name and address of person filing. Name <b>MARVIN P KROPKO</b> P.O. Box, Bldg., Room No., if any <b>P.O. BOX 2500</b> Street City <b>PASADENA</b> State <b>CA</b> ZIP Code + 4 <b>91102-2500</b>	4. Name, file number, and address of labor organization. <b>I.B.E.W.</b> Name <b>LOCAL UNION 11</b> Labor Organization File Number <b>012421</b> P.O. Box, Building and Room Number, if any <b>P.O. BOX 2500</b> Street <b>297 NO. MARENBO</b> City <b>PASADENA</b> State <b>CA</b> ZIP Code + 4 <b>91102-2500</b>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>NATIONAL ELECTRICAL CONTRACTING ASSN.</b> Trade Name, if any: <b>N.E.C.A.</b> P.O. Box, Bldg., Room No., if any Street <b>623 SO ARROYO PARKWAY SUITE 300</b> City <b>PASADENA</b> State <b>CA</b> ZIP Code + 4 <b>91105</b>	7.a. Nature of Interest, Transaction, or Income. <b>RECEIVED CHRISTMAS BASKET CONTAINING WINE, CRACKERS, CHEESE</b> 7.b. Amount. <b>ESTIMATE \$200 (TWO HUNDRED)</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>8/5/05</u> <u>626 7920061</u> Date Telephone Number

Name of Person Filing <b>MARVIN P. KROPKA</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

**AMALGAMATED BANK**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

**600 S. LOS ROBLES AVE**

City

**PASADENA,**

State

**CA**

ZIP Code + 4

**91101**

9. Business deals with:

a. Labor Organization



b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

**SO. CALIF. IRREVOCABLE TRUST FUNDS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

**6023 SO LANFIELD AVE.**

City

**CITY OF COMMENCE**

State

**CA**

ZIP Code + 4

**90040**

11.a. Nature of such dealing.

**WANTED TO PROVIDE BANKING SERVICE — DID NOT RECEIVE CONTRACT TO PROVIDE THIS SERVICE (OR ANY OTHER)**

11.b. Approximate dollar value of such dealing.

**0**

12.a. Nature of interest held or income received.

**✓ TWO LUNCHES TO DISCUSS THEIR SERVICES**

12.b. Amount.

**ESTIMATE \$138!!**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment:

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment:

Name of Person Filing <b>MARVIN P KROPIKE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>Mc MORAN CO.</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>3500 W HOLLAND SUITE 90</b> City <b>BURLINGAME</b> State <b>CA</b> ZIP Code + 4 <b>91505</b>	9. Business deals with:  a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employee
10. If 9.b. or 9.c. is checked give trust or employee's name.  Name <b>SO. CALIF. BROWNE TRUST FUNDS</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>6023 SO. VANFELD AVE</b> City <b>CITY OF COMMERCIAL</b> State <b>CA</b> ZIP Code + 4 <b>90040</b>	11.a. Nature of such dealing. <b>PROVIDES INVESTMENT MANAGEMENT SERVICES. THEY CHARGE FEES BASED ON MONEY UNDER MANAGEMENT. (ESTIMATE \$730,000)</b>  11.b. Approximate dollar value of such dealing. <b>FEES PAID TO MC-MORAN</b>  12.a. Nature of interest held or income received. <input checked="" type="checkbox"/> FOUR SETS OF, DODGER BASEBALL TICKETS (DISTRIBUTED TO LOCAL UNION STAFF) ESTIMATE \$560 <input checked="" type="checkbox"/> DINNER - ESTIMATE \$85  12.b. Amount. <b>ESTIMATE \$645 TOTAL</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.          
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing

MANNIN P KROEKE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

ADAMS, BROADWELL JOSEPH &  
CARDOSO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

601 GATEWAY BLVD. SUITE 1000

City

SAN FRANCISCO

State

CA

ZIP Code + 4 94080-7037

9. Business deals with:

- ☒ a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES LEGAL SERVICES  
& STRATEGY

11.b. Approximate dollar value of such dealing.

ESTIMATE  
\$ 29,000

12.a. Nature of interest held or income received.

CHRISTMAS GIFT OF SALMON

12.b. Amount.

ESTIMATE  
\$ 54

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <b>MARVIN P KROPIKE</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>HARTBAUGH HOTEL MGMT.</b>  Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street <b>1600 NO. INDIAN CANYON DR.</b> City <b>PALM SPRINGS</b> State <b>CA</b> ZIP Code + 4 <b>92262</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing.  <b>MANAGES HOTEL WHERE LOCAL UNION OFFICERS STAY</b>  <div style="text-align: right;"><b>ESTIMATE</b></div> 11.b. Approximate dollar value of such dealing. <b>\$5,000</b>  12.a. Nature of interest held or income received.  <b>PROVIDED GUEST DINING BASKET OF WINE/CRACKERS) CHEESE</b>  <div style="text-align: right;"><b>ESTIMATE</b></div> 12.b. Amount. <b>\$60</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.          
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <b>MARVIN P KROPKE</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name <b>ALLIANCE BERABTEIN</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>1345 AVE OF THE AMERICAS</b> City <b>NEW YORK</b> State <b>NEW YORK</b> ZIP Code + 4 <b>10105</b>	<b>9. Business deals with:</b> a. Labor Organization b. <input checked="" type="checkbox"/> Trust c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	<b>11.a. Nature of such dealing.</b> <b>ATTEMPTED TO PROVIDE INVESTMENT MGMT. SERVICE &amp; WAS NOT GIVEN THAT BUSINESS</b> <b>11.b. Approximate dollar value of such dealing.</b> <b>0</b> <b>12.a. Nature of interest held or income received.</b> <b>LUNCH TO EXPLAIN THEIR SERVICES</b> <b>12.b. Amount.</b> <b>ESTIMATE \$40</b>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	<b>14.a. Nature of payment.</b>
<b>13.b. Is the Business an Employer or Consultant ?</b>	<b>14.b. Amount of payment.</b>